

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

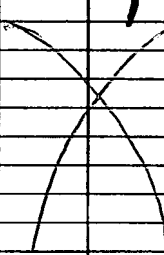
10/551118

FILING DATE

APPLICANT(S)

Corrected Copy

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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5		3 ³		/		
6		3 ³		5		
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10		3 ³		/		
11		3 ³		/		
12		3 ³		5		
13	/		/			
14		/		5		
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TOTAL IND.	9	↓	4	↓		↓
TOTAL DEP.	28	←	29	←		←
TOTAL CLAIMS	37		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						